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ADMINISTRATION OF VOCATIONAL REHABILITATION PROGRAM	Effective Date September 1, 1		

1. <u>PURPOSE</u>

- 1.1 To establish, as a function of Risk Management, a Vocational Rehabilitation Program that, as an integral part of the City's Workers' Compensation Administration will assist in the process of restoring qualified injured workers to suitable, gainful employment. The program shall be administered by a separate rehabilitation unit.
- 1.2 To define departmental responsibilities and establish procedures for administering the Rehabilitation Program.

2. <u>SCOPE</u>

- 2.1 This regulation applies to all departments.
- 3. <u>DEFINITIONS:</u> As applied to this regulation:
 - 3.1 <u>A qualified injured worker means an employee:</u>
 - a. The effects of whose injury, whether or not combined with the effects of a prior injury or disability, if any, permanently preclude or are likely to preclude the employee from engaging in his/her usual and customary occupation or the position in which he/she was engaged at the time of injury; and
 - b. Who can reasonably be expected to return to suitable gainful employment through the provision of vocational rehabilitation services.
 - 3.2 <u>Rehabilitation transfer</u> means the transfer from one City position and/or classification to another of an employee who is qualified under the definition of a qualified injured worker.

(Supersedes Administrative Regulation 70.50, Issue 1, dated November 1, 1977)

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Authorized			
	(Signed by Jol	nn Lockwood)	
	CITY MA	ANAGER	
	(Signed by Rich Snapper)	(Signed by John W. Witt)	
-	PERSONNEL DIRECTOR	CITY ATTORNEY	

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4. POLICY

- 4.1 Qualified injured workers who become permanently disabled after January 1, 1975, and are unable to continue their present job classification duties, will be offered Vocational Rehabilitation services as related to work injury/illness.
- 4.2 The Rehabilitation Program will provide services, not limited to medical services, reasonably necessary to restore a qualified injured worker to suitable, gainful employment. Such services may include but are not limited to Vocational Evaluation, Counseling, Re-Training (including on-the-job training) and Job Placement Assistance.
- 4.3 A qualified injured worker may be eligible to receive Temporary Disability Compensation, as defined by the California Labor Code, while participating in the Rehabilitation Program.
- 4.4 Approved costs related to the employee's Vocational Rehabilitation Program will be paid by the City's Vocational Rehabilitation Unit.
- 4.5 Particular attention will be given to transferring qualified injured workers to other available City positions. The qualified injured worker must meet Civil Service Commission requirements for transfer consideration.

5. RESPONSIBILITIES OF THE REHABILITATION UNIT

- 5.1 To identify those qualified injured workers who as a result of disability or injury are no longer able to perform the assigned duties of their present classification.
- 5.2 To provide comprehensive Rehabilitation services including, but not limited to: Initial Vocational Counseling, Vocational Evaluation, Skill Development and Training, Placement assistance and follow up supportive Counseling.
- 5.3 To coordinate the Rehabilitation Program with Personnel, Retirement Board, Workers' Compensation Administration, and Light Duty Administrator.
- 5.4 To work in cooperation with the Personnel Department and appointing authorities in the timely transfer and placement of qualified injured workers to appropriate City job classifications.

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5.5 To monitor and expedite the progress of the qualified injured worker, when under the

6.

5.5	-	1 0	urning to productive employment.		
5.6	To compile data and reports related to the Vocational Rehabilitation Program for appropriate authorities and state agencies.				
PRO	CEDURES				
	Responsibility		Action		
Reha	bilitation Unit	1.	Upon referral from the Workers' Compensation Administration, notifies employee's department that the employee's medical condition precludes or is likely to preclude the employee from returning to or continuing in his/her position or job classification.		
		2.	Sends department retention letter.		
		3.	File Worker Status Report (DID Form RB-1) with appropriate state agency, thus establishing a Rehabilitation Bureau file.		
		4.	Notifies employee and his/her attorney, if represented, by letter, offering vocational services, including rehabilitation related handouts.		
Empl	oyee's Department	5.	Reviews department staffing patterns to determine if employee can be transferred or assigned to a more compatible job position or duty within the same class and department, based on medical restrictions.		

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Responsibility Action If unable to retain employee in the same class and 6. department, notify rehabilitation unit in writing, that the employee's medical condition precludes the employee from returning to or continuing in the preinjury classification, indicate last performance appraisal and recommendation for transfer. Copy to employee. Set appointment and meet with Rehabilitation Disabled Employee 7. Coordinator for Vocational Rehabilitation Program orientation Rehabilitation Unit 8. Present to employee (and attorney if requested) a comprehensive orientation of City's Rehabilitation Program. Outline responsibilities of all parties. 9. Indicate decision in writing to Rehabilitation Unit Disabled Employee -**Declines Rehabilitation** (copy to department). Refer the employee to his/her attorney for legal advice regarding his/her decision. Rehabilitation Unit 10. Submit case closure on appropriate State Agency form (DID RB-20) with copies to employee and attorney (if represented). Employee's Department Notify employee of remaining options (Retirement, 11. Termination or Resignation). Disabled Employee -12. Complete Rehabilitation Personal Information Accepts Rehabilitation form.

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Responsibility		Action
Disabled Employee <u>Accepts Rehabilitation</u> (Cont'd)	13.	Submit any additional data pertinent to rehabilitation evaluation.
	14.	Complete Personnel Action Request form (CS-3), provided by Rehabilitation Unit. Meet with department liaison analyst in Personnel to select rehabilitation transfer options from among those available.
Employee's Department	15.	Note as required that employee is under the Vocational Rehabilitation Program.
Rehabilitation Unit	16.	Determine need for comprehensive Vocational Evaluation. If indicated, refer employee to appropriate agency for evaluation. Review report at completion.
	17.	Initiate transfer process.
Personnel Department	18.	Liaison Analyst evaluates employee's education, experience, and places on Rehabilitation transfer lists for appropriate classifications in accordance with Civil Service Commission policy on transfers.
	19.	Upon receipt of request for certification in class for which there is a Rehabilitation transfer list, certification officer advises Rehabilitation Unit of certification for vacant position(s).

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<u>Responsibility</u> <u>Action</u>

20. Liaison Analyst notifies requesting department of rehabilitation candidate possibility and that request for certification will be placed on hold pending rehabilitation clearance.

Rehabilitation Unit

- 21. Evaluate each transfer opportunity by on-site inspection, doing representative job analysis or reviewing prior job analysis. Determine if employee has appropriate physical and or skill level. If indicated, refer job analysis to physician for job appropriateness.
- 22. If rehabilitation transfer option is appropriate, inform both appointing authority and employee. Arranges interview between the parties. If not appropriate clear the position with the certification officer in Personnel.
- 23. Meet with employee to present Rehabilitation Plan and secure employee's approval and signature (DID form RB-2). Submit original plan to attorney (if represented) for approval and signature.
- 24. Send Rehabilitation Plan to State agency for approval.
- 25. Counsel with employee and supervisor (every 2-3 weeks for 2-3 months) after placement to be sure return to work is going smoothly.

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Responsibility Action After 2-3 months of successful return to work, close 26. file by submitting appropriate State agency form (DID RB-20), copies to employee with State "mandatory language", copy to Rehabilitation Bureau and attorney. Requesting Department 27. Requesting department selects alternately between 1) rehabilitation candidates and 2) department promotional candidates. Rehabilitation Unit 28. Track by department and class the rehabilitation certifications received. Assign on alternate basis, 1) rehabilitation candidate or 2) department promotional candidate 29. If department promotional candidate - state so on certification and clear via personnel and appointing authority. 30. If rehabilitation candidate - follow regular procedure. Requesting Department 31. Consider selection of Rehabilitation transferees. (Department of vacant If Rehabilitation transferee is selected, notify Rehabilitation Unit. If selection is not made of position) Rehabilitation transferee, appointing authority shall submit, via the Rehabilitation Coordinator a memorandum of justification for review and approval by the City Manager, or non-managerial department head before additional names will be provided by the Personnel Department.

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Responsibility Action

Requesting Department

32. Consideration of rehabilitation transferees will be made by seniority as a rehabilitation candidate. Candidate with longest time on rehabilitation transfer list will be the preferred candidate.

Rehabilitation Unit

- 33. Provide requesting department with seniority information on rehabilitation candidates.
- 34. If employee is transferred to acceptable City position, notify Personnel Certification Officer, Medical Liaison representative, and Department Personnel Liaison in writing of successful job placement outlining permanent restrictions to new department, copy to employee.
- 35. If City job placement does not occur within a reasonable time period, approximately 3 months maximum, meet with employee to consider Vocational Rehabilitation outside City Service and eventual placement in private sector employment.
- 36. Send memo to employee's department regarding outside vocational services: recommend to department that it advise employee to take one of the following courses of action: resign from City employment, apply for or continue Long-Term Disability benefits, apply for disability or service retirement, or apply for special leave without pay.

Send memo to employee with similar information as above.

37. Refer employee to a vocational service provider. If represented by attorney, Rehabilitation Coordinator and he/she agree on vocational provider.

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ROGRAM		September 1, 1700		
Responsibility		Action		
Outside Provider of Vocational Services	38.	Set appointment and meet with injured worker to determine vocational goal. Outline responsibilities of all parties.		
	39.	Receive approval from City of San Diego Rehabilitation Coordinator for all testing, evaluation and plan approval prior to implementing.		
Rehabilitation Unit	40.	Monitor services provided; approve all services prior to implementation, including testing, plan objective and any training/schooling requested.		
	41.	Review rehabilitation plan (DIA RB-2), sign and return to vocational provider.		
	42.	Review progress reports, attendance, and grades in the agreed rehabilitation plan.		
	43.	If problems develop, attend informal or formal conference.		
Disabled Employee	44.	Keep all appointments with vocational counselor assignments as instructed.		
Rehabilitation Unit	45.	Contact vocational provider if any concerns. Monitor employee progress from start to finish.		
Outside Provider of Vocational Services	46.	Supply progress reports and grade transcripts, as outlined in the Vocational Rehabilitation Plan.		
Rehabilitation Unit	47.	Initiate payment to training facility for services rendered in accordance with procedures established by the City Auditor and Comptroller.		

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<u>Responsibility</u> <u>Action</u>

- 48. Upon successful completion of vocational objective, request case closure (DIA RB-20) copies to employee, attorney, and vocational provider and send letter to employee with State mandated language, copy to attorney and Rehabilitation Bureau.
- 49. If rehabilitation plan is not successful, request closure with appropriate reason on State mandated form (DIA RB-20) copies to employee, attorney, and vocational provider.

APPENDIX

Legal Reference

- 1. California Labor Code 133, 139.5 and 5307.3
- 2. California Labor Code 8 Adm C 10001-C 10021
- 3. California Labor Code 6200-6208

Subject Index

Rehabilitation, Vocational: Injury - Rehabilitation From,

Attachment 1 **VOCATIONAL REHABILITATION PROCESS** WORK RELATED INJURY OCCURS Worker's Compensation (W.C.) Claim is Processed MEDICAL INFORMATION INDICATES PER-MANENTLY DISABLED & UNABLE TO RETURN TO USUAL & CUSTOMARY OCCUPATION Referred to Rehab. Unit Qualified Injured Worker Status Évaluated IF QUALIFIED, EMPLOYEE IS INFORMED OF OPTIONS BY REHABILITATION COORDINATOR **EMPLOYEES AGREES Employee Declines** TO PARTICIPATE to Participate Employee's Dept. Employee's Dept. Case is Closed Can Accommodate Cannot Accommodate **OUTSIDE REHAB. TO EMPLOYEE PURSUES** REHAB. TRANSFER **NEW EMPLOYER** MODIFIED/ALTERNATE PROCESS INITIATED INITIATED OPTION Vocational Rehab. Plan Is Certified to Rehab. Vocational Evaluation Developed and Agreed To Transfer List Performed **Direct Placement** On-The-Job Vocational Self employment **Efforts** Training Training TRANSFER APPROVED **EMPLOYEE ACCEPTS** Independent Rehab. Counselor Documents with Plan and Monitors Adjustment EMPLOYEE RETURNS TO WORK **PLACEMENT EFFORTS** Rehab. Coordinator Documents with Plan and Monitors Adjustment **EMPLOYEE RETURNS** TO WORK

VOCATIONAL REHABILITATION PROCESS SUCCESSFULLY COMPLETED